## LOUISIANA STAND ALONE PRESCRIPTION DRUG PLANS

\*Denotes Zero Premium for Groups 1& 2 (extra help)

Description Description		Cost		Coverage			Convenience
Organization Name	Plan Name	Monthly Drug Plan Premium	Annual Plan Deductible	Offers Variable Copayments (Tiers)	Gap Coverage (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
Aetna Medicare (800) 213-4599 www.aetna.com	Aetna Medicare Rx Essentials	\$38.32	\$250	\$5-25 Co-pay		86	•
	Aetna Medicare Rx Plus	\$50.26	\$0	\$7-35 Co-pay	G	86	•
	Aetna Medicare Rx Premier	\$66.59	\$0	\$2-40 Co-pay	G	100	•
AmeriHealth Advantage (866) 282-3235 www.amerihealth65.com	AmeriHealth Advantage RX Option 1	\$25.02*	\$250	\$2-5 Cop-pay and/or 5%-25% coinsurance		92	
Blue Cross and Blue Shield of Louisiana (800) 223-4240 www.lablue.com	RxBlue	\$49.57	\$0	20-35% Coinsurance		80	•
CIGNA HealthCare (800) 735-1459 www.cigna.com	CIGNATURE Rx Value Plan	\$35.68	\$250	\$0-40 Co-pay and/or 0-40% coinsurance		99	•
	CIGNATURE Rx Plus Plan	\$40.69	\$0	\$0-50 Co-pay and/or 0-40% Coinsurance		99	•
	CIGNATURE Rx Complete Plan	\$49.02	\$0	\$0-50 Co-pay and/or 0-40% Coinsurance	G	99	•
Coventry AdvantraRx (800) 882-3822 www.advantrarx.com	AdvantraRx Value	\$22.24*	\$0	\$5-53 Co-pay		78	•
	AdvantraRx Premier	\$33.96*	\$0	\$0-65 Co-pay		100	•
	AdvantraRx Premier Plus	\$47.40	\$0	\$12-40 Co-pay		100	•
Humana Inc. (800) 281-6918 www.humana.com	Humana PDP Standard	\$17.06*	\$250	\$2-5 Co-pay and/or 5-25% Coinsurance		99	•
	Humana PDP Enhanced	\$25.36*	\$0	\$0-60 Co-pay and/or 25% Coinsurance		99	•
	Humana PDP Complete	\$69.92	\$0	\$0-60 Co-pay and/or 25% Coinsurance	G/B	99	•

Description		Cost		Coverage			Convenience
Organization Name	Plan Name	Monthly Drug Plan Premium	Annual Plan Deductible	Offers Variable Copayments (Tiers)	Gap Coverage (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
Marquette National Life Insurance Company (800 )845-2551 www.rxpathway.com	Prescription Pathway Silver Plan	\$42.99	\$250	\$4-29 Co-pay and/or 25% coinsurance	,	92	
	Prescription Pathway Gold Plan	\$53.87	\$0	\$4-29 Co-pay and/or 25% coinsurance		92	
	Prescription Pathway Platinum	\$70.59	\$0	\$4-42 Co-pay and/or 25% coinsurance		100	
Medco Health Solutions, Inc. (800) 758-3605 www.yourxplan.com	YOURx Plan	\$34.06*	\$250	\$4-17 Co-pay and/or 25-75% Coinsurance		98	
MEMBERHEALTH (866) 684-5353 www.communitycarerx.com	Community Care Rx Basic	\$32.42*	\$250	25-45% Coinsurance		95	
	Community Care Rx Choice	\$40.52	\$250	\$4-40 Co-pay		95	
	Community Care Rx Gold	\$44.43	\$100	\$4-50 Co-pay		95	
PacifiCare Life and Health Insurance Company (800) 943-0399 www.pacificare.com	PacifiCare Saver Plan	\$33.70*	\$250	\$7.50 – 48.10 Co-pay and/or 33% Coinsurance		78	•
	PacifiCare Select Plan	\$46.11	\$0	\$7.50 – 57.15 Co-pay and/or 33% Coinsurance		87	•
	PacifiCare Comprehensive Plan	\$52.06	\$0	\$7.50 – 49.80 Co-pay and/or 33% Coinsurance	G	78	•
Pennsylvania Life Insurance Company (800) 765-8900 www.rxpathway.com	Prescription Pathway Bronze	\$33.70*	\$250	\$2-5 Co-pay and/or 5-25% Coinsurance		92	•
	Prescription Pathway Silver	\$42.91	\$250	\$5-28 Co-pay and/or 25% Coinsurance		92	•
	Prescription Pathway Gold	\$53.80	\$0	\$4-28 Co-pay and/or 25% Coinsurance		98	•

Description		Cost		Coverage			Convenience
Organization Name	Plan Name	Monthly Drug Plan Premium	Annual Plan Deductible	Offers Variable Copayments (Tiers)	Gap Coverage (G=generics; G/B=generics & brands)	Number of Top 100 Drugs on Formulary	Mail Order Offered
SilverScript (866) 552-6106 www.silverscript.com	SilverScript	\$32.11*	\$250	\$0-9 Co-pay and/or 25% Coinsurance		92	•
	SilverScript Plus	\$61.45	\$100	\$8-60 Co-pay and/or 25% Coinsurance		98	•
Sterling Prescription Drug Plan (888) 858-8572 www.sterlingplans.com	Sterling Prescription Drug Plan	\$60.76	\$100	\$10-22 Co-pay and/or 25-45% Coinsurance		98	•
Unicare (866) 892-5335 www.unicare.com	Medicare Rx Rewards	\$28.35*	\$250	\$5-25 Co-pay and/or 25% Coinsurance		92	•
	Medicare Rx Rewards Plus	\$35.91	\$0	\$10-30 Co-pay and/or 25% Coinsurance		92	•
	Medicare Rx Rewards Premier	\$48.11	\$0	\$10-60 Co-pay and/or 30% Coinsurance		98	•
United American Insurance Company (866) 584-4169 www.unitedamerican.com	UA Medicare Part D Prescription Drug Coverage	\$38.69	\$0	\$9-60 Co-pay and/or 33% Coinsurance		99	•
United Healthcare (888) 867-5564 www.uhc.com	AARP Medicare Rx Plan	\$27.93*	\$0	\$5-55 Co-pay and/or 25% Coinsurance		100	•
United Healthcare (888) 556-6657 www.uhc.com	United Medicare MedAdvance	\$31.50*	\$0	\$10-53 Co-pay and/or 25% Coinsurance		100	•
WellCare (888) 423-5252 www.wellcare.com	WellCare Signature	\$25.79*	\$0	\$0-67 Co-pay and/or 32% Coinsurance		88	•
	WellCare Complete	\$45.06	\$0	\$0-50 Co-pay and/or 30% Coinsurance		85	•
	WellCare Premier	\$48.96	\$0	\$0-60 Co-pay and/or 30% Coinsurance		85	•